

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746223** (7)

1. Corporation Name

JACKSON HOSPITAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

ELLIS, CHARLES N.
POST OFFICE BOX 1608/4250 HOSPITAL DR
MARIANNA FL 32446

ELLIS, CHARLES N.
POST OFFICE BOX 1608/4250 HOSPITAL DR
MARIANNA FL 32446

3. Date Incorporated or Qualified
03/13/1979

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1960022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIS, CHARLES N.
4250 HOSPITAL DRIVE
MARIANNA FL 32446

81 Name **Richard L. Wooten**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAY, PEGGY	
STREET ADDRESS	4522 DEER RUN	
CITY-ST-ZIP	MARIANNA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BRUNNER, RICHARD M	
STREET ADDRESS	4415 LUCIEN STREET	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRONSON, SONNY	
STREET ADDRESS	4110 LONG STREET	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDIFER, CATHERINE	
STREET ADDRESS	5095 OLD HICKORY CIRCLE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORTERMOLLER, MACKY	
STREET ADDRESS	3070 WALNUT LN	
CITY-ST-ZIP	MARIANNA FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	HAND, BETTY J	
STREET ADDRESS	4334 SEOND AVENUE	
CITY-ST-ZIP	MARIANNA FL	

1.1 TITLE	vp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda Couturier	
1.3 STREET ADDRESS	PO Box 512	
1.4 CITY-ST-ZIP	Hunter Fish Camp Rd MARIANNA, FL 32446	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 1996 904-782-5852
Date Daytime Phone #

CR2E037 (12/95)